

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/09/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495291	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02, 03 B. WING _____		(X3) DATE SURVEY COMPLETED R 03/17/2016
NAME OF PROVIDER OR SUPPLIER BETH SHOLOM HOME OF VIRGINIA			STREET ADDRESS, CITY, STATE, ZIP CODE 1600 JOHN ROLFE PARKWAY RICHMOND, VA 23233		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
{K 000}	INITIAL COMMENTS Description of structure: The facility is a 2 story structure with a construction type of II (222). Sprinkler Status: Fully Sprinklered. The facility is licensed for 116 beds, current census is 110. An unannounced Revisit to the Standard Recertification Life Safety Code Survey conducted on 1-21-2016 was conducted on 3-17-2016 in accordance with 42 Code of Federal Regulation, Part 483: Requirements for Long Term Care Facilities. The facility was surveyed for compliance using the LSC 2000 Existing Regulations. The facility was found to be in compliance with the Requirements for Participation Medicare and Medicaid.	{K 000}			
{K 000}	INITIAL COMMENTS Description of structure: The facility is a 2 story structure with a construction type of II (222). Sprinkler Status: Fully Sprinklered. The facility is licensed for 116 beds, current census is 110. An unannounced Standard Recertification Life Safety Code Survey was conducted 1-21-2016 in accordance with 42 Code of Federal Regulation, Part 483: Requirements for Long Term Care	{K 000}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{K 000}	<p>Continued From page 1</p> <p>Facilities. The facility was surveyed for compliance using the LSC 2000 New Regulations. The facility was found to be in compliance with the requirements for participation in CMS's Medicare and Medicaid Reimbursement Program.</p> <p>Description of structure: The facility is a 2 story structure with a construction type of II (222).</p> <p>Sprinkler Status: Fully Sprinklered.</p> <p>The facility is licensed for 116 beds, current census is 110.</p> <p>An unannounced Standard Recertification Life Safety Code Survey was conducted 1-21-2016 in accordance with 42 Code of Federal Regulation, Part 483: Requirements for Long Term Care Facilities. The facility was surveyed for compliance using the LSC 2000 New Regulations. The facility was found to be in compliance with the requirements for participation in CMS's Medicare and Medicaid Reimbursement Program.</p>	{K 000}			